				Complete if Known		
Substitute for form 1449/PTO				Application Number	10/609,233	
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				First Named Inventor	Imtiaz Chaudry	
INFORMATION DISCLOSURE				Group Art Unit	1616	
		BY APPLIC				
(Use as many sheets as necessary)			v)	Examiner Name	Mina Haghighatian	
				Attorney Docket		
Sheet	1	of	1	Number	048765/277090	

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Examiner Initials*	Cite No.	Document Number Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear
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	12	WO 1995/031964 A1	03/13/1997	Glyxo Australia Pty		Yes
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16	McLAUGHLIN VV J Cardiovasc Pharmacol. 2003 Feb; 41(2):293-9, Efficacy and safety of treprostinil: an epoprostenol analog for primary pulmonary hypertension, PMID: 12548091	Yes Yes
17	YANG ET AL., Inhaled Nanoparticles - A Current Reveiw, International Journal Of Pharmaceutics, 08/21/2008, 239-247, 356	Yes
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Examiner	/Mina Washishating/	Date	02/01/2009
Signature	/wiiia riagnighatian/	Considered	02/01/2003

^{*}Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.